![Washington State Health Care Authority logo] ![ProviderOne logo]

# September 2016
# Reporting Medicare/Managed Medicare and
# Commercial Payer data on an 837 transaction

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The following resource will assist clearinghouses and EDI billers in reporting Medicare, Managed Medicare, and commercial payer data into the correct loops and segments for 837 transactions. This applies to all claim types (professional/837P, institutional/837I, and dental/837D). This functionality allows entry of all data needed to adjudicate secondary claims, without submitting the primary explanation of benefits.

## Reporting Cob/Tpl Information on an 837 transaction

### Claim Header

Loop 2320, data element SBR09 =

- **MB (for billing Professional Medicare crossover and Managed Medicare claims)**
- **MA (for billing Institutional Medicare crossover and Managed Medicare claims)**
- **CI (for 2ndary, but non-Medicare crossover claims)**

Loop 2320, data element CAS01 = PR, CAS02 = 1, CAS03 = Deductible Amount

Loop 2320, data element CAS01 = PR, CAS02 = 2, CAS03 = Co-Insurance Amount

Loop 2320, data element CAS01 = PR, CAS02 = 3, CAS03 = Co-Pay Amount

Loop 2320, data element AMT01 = D, AMT02 = Payer Paid Amount

Loop 2330B, data element DTP02 = Payer Adjudication Date

### Claim Line

Loop 2430, data element SVD02 = Payer Paid Amount

Loop 2430, data element CAS01 = PR, CAS02 = 1, CAS03 = Deductible Amount

Loop 2430, data element CAS01 = PR, CAS02 = 2, CAS03 = Co-Insurance Amount

Loop 2430, data element CAS01 = PR, CAS02 = 3, CAS03 = Co-Pay Amount

Loop 2430, data element DTP02 = Payer Adjudication Date

> Note: If Medicare or the Managed Medicare plan denies a service, you are required to submit the EOMB with the denied service on a separate claim.

For more assistance on EDI billing, contact the help desk at HIPAA-help@hca.wa.gov!